

Form D

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON

STATE OF WASHINGTON, Plaintiff

Case No: 2:18-cv-00939-MJP

v.

)

UNITED STATES OF AMERICA, Defendant

)

)

NOTIFICATION OF REQUEST FOR VIDEO RECORDING

The parties in this case are hereby notified that the following proceeding is eligible for video recording under the Judicial Conference Committee on Court Administration and Case Management Guidelines for the Cameras Pilot Project in the District Courts for the Ninth Circuit. (see www.wawd.uscourts.gov/courtservices/camerasindex.htm), and the Judge requests the parties' consent to recording.

Description of Proceeding: motion hearing

Date and time of scheduled proceeding: 8/8/2018 at 10:00

To object to video recording of this proceeding, complete the attached form, PARTY OBJECTION TO REQUEST FOR VIDEO RECORDING, and return it to the court before August 6, 2018.

August 2, 2018
Date

/s/ Rhonda Miller
Deputy Clerk

Form E

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON

STATE OF WASHINGTON, Plaintiff

Case No: 2:18-cv-00939-MJP

v.

)

UNITED STATES OF AMERICA, Defendant

)

)

PARTY OBJECTION TO REQUEST FOR VIDEO RECORDING


The presiding Judge has requested that the following proceeding be video recorded, under the Judicial Conference Committee on Court Administration and Case Management Guidelines for the Cameras Pilot Project in the District Courts for the Ninth Circuit (available at www.wawd.uscourts.gov/courtservices/camerasindex.htm).

Description of Proceeding: motion hearing

Date of scheduled proceeding: 8/8/2018

Check the appropriate boxe(es) below and on the next page to indicate whether you object to the recording of some or all of this proceeding:

☐ I object to the recording of some, but not all, of this entire proceeding.


-  Explain the specific parts of the proceeding for which you do not consent to recording, and your reasons:

Part of Proceeding

Reason Not to Video Record

_____	_____
_____	_____
_____	_____

☐ I object to the recording of the following witnesses:


-  Name the specific witnesses for whom you do not consent to recording, and explain your reasons:

Witness Name

Reason Not to Video Record

_____	_____
_____	_____
_____	_____

☐ I object to the recording of any of this proceeding.

-  Explain your reasons:

I submit and sign this form on behalf of the party I represent and the witnesses I may call.

Signature:

Name (please print):

Position (e.g., attorney of record):

Date:

After completing this form, please e-mail it to: rhonda_miller@wawd.uscourts.gov.

Do NOT file this form electronically with the Court.